

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>RIGHT WAY SUPERPAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620138         </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on					
Full Name of Payee <b>DEL CIELO MEDIA LLC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 17 / 2016         </div>		
Mailing Address 1427 LESLIE AVE SUITE 102			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           85885.05         </div>		
City ALEXANDRIA    State VA    Zip Code 22301		<b>Transaction ID : SE.4190</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 15 / 2016         </div>			
Purpose of Expenditure MEDIA PLACEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate THOMAS, MARY, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">85885.05</div>		Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <b>RED PRINT STRATEGY</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 16 / 2016         </div>		
Mailing Address PO BOX 710993			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8250.00         </div>		
City HERNDON    State VA    Zip Code 20171		<b>Transaction ID : SE.4194</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           08 / 17 / 2016         </div>			
Purpose of Expenditure MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate THOMAS, MARY, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">94135.05</div>		Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">94135.05</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">94135.05</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
FLYNN, DANIEL, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 08 / 2016</div>		

[Electronically Filed]